



ANNUAL REPORT 2020

South Texas Veterans Health Care System

Address: 7400 Merton Minter, San Antonio,
Texas, 78229

Website: <https://www.southtexas.va.gov/>

Tel: 877-469-5300

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ABOUT STVHCS

The South Texas Veterans Health Care System (STVHCS) is comprised of two inpatient campuses: the Audie L. Murphy Memorial Veterans Hospital in San Antonio and the Kerrville VA Hospital in Kerrville, Texas. STVHCS serves one of the largest primary service areas in the nation and is part of the VA Heart of Texas Veterans Integrated Service Network (VISN 17), with offices located in Arlington, Texas. South Texas provides health care services for 100,000 unique Veterans and has an operational budget of \$1.01 billion.

The Audie L. Murphy Memorial Veterans Hospital (ALMMVH), named after the nation's most decorated World War II hero, is a quaternary care facility, which is affiliated with the University of Texas Health Science Center at San Antonio (UTHSCSA). Comprehensive health care is provided through acute medical, surgical, mental health, physical medicine and rehabilitation, geriatric, and primary care services. Comprised of a Spinal Cord Injury Center, a Community Living Center, a Domiciliary, and a Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). ALMMVH provides quaternary services including bone marrow transplantation, open-heart surgery, magnetic resonance imaging and positron emission tomography.

As a Level II Research facility ALMMVH has projects that include aging, cardiac surgery, cancer, diabetes and HIV. The facility has one of three National Institutes of Health sponsored clinical research centers in the VA. In addition, the Geriatric Research, Education & Clinical Center (GRECC) is a "Center of Excellence."

The Kerrville VA Hospital is located 65 miles northwest of San Antonio, provides primary care, some specialty care, geriatric evaluation and management, palliative care, and long-term care services with a Community Living Center. Outpatient clinics offer primary care and some specialty care while sharing resources with each other and their respective communities. When required, Veterans are referred to ALMMVH or Kerrville Hospital for specialty care including medicine, surgery, neuropsychiatry, rehabilitation, spinal cord injury, and long-term care services.

STVHCS' largest Affiliate is the University of Texas Health Science Center at San Antonio (UTHSCSA) with more than 1600 University interns, residents, fellows, and students trained each year. STVHCS has an additional 150 active affiliation agreements, which includes an Optometry Residency Program with the Rosenberg School of Optometry at the University of Incarnate Word (UIW), UTHSCSA School of Physical Therapists, University of Texas at Austin Moody College of Communications (Audiology), UIW Feik School of Pharmacy, and the San Antonio College Nursing Program; Associated Health programs such as these

provide 1800 non-physician health profession trainees every year. STVHCS receives 800 rotating residents from the San Antonio Military Medical Center at Fort Sam Houston and another 80 physician residents from the University of the Incarnate Word School of Osteopathic Medicine. This all accounts for 4,300 health professions trainees each year.

Mission Statement

The mission of the South Texas Veterans Health Care System (STVHCS) is to honor America's Veterans by providing exceptional health care that improves their health and well-being.

Vision Statement

STVHCS will be a Veteran-centered organization that provides excellence in health care, research, education; to be an organization where people choose to work; an active community partner; and a resource for National emergencies.

Core Values (ICARE)

- Integrity
- Commitment
- Advocacy
- Respect
- Excellence



MESSAGE FROM THE DIRECTOR



Christopher R. Sandles, MBA, FACHE

As I look back over the last year, I am both amazed and proud of the challenges this health care system has overcome. COVID-19 has shocked us all, but we have come together as a team like never before and have answered every challenge that has been presented to us throughout the pandemic.

The South Texas Veterans Health Care System has undergone several changes during the past year. As many have noticed, we have renovated many different areas of the Audie L. Murphy Memorial Veterans Hospital, such as restrooms and elevators, along with developing a new Welcome Center, all with the purpose of Veteran and employee experience in mind. Additionally, we have started the process of the deactivation of the Beeville CBOC but are excited to announce the nearing completion of the San Antonio Northwest Health Care Center, which is scheduled to open early next year.

We also have continued to take steps forward in our journey into becoming a High Reliability Organization. As we move ever closer to reaching our goal, we must continue to ensure that every patient receives excellent care, every time.

I want to extend my deepest thanks to each team member in this health care system. Your tireless dedication has helped ensure that every Veteran we serve gets the quality care they are promised. As a team, we were able to rise to the challenge of the year 2020, and I look forward to continuing our standards of excellence in the year 2021.

Executive Leadership Team

Chief of Staff



Julianne Flynn, M.D.

Chief Quality Officer



Heather L. Briggs, M.D.

Assistant Director of Facilities



Adam Bernal

Associate Medical Center Director/ Chief Operating Officer



Justin H. Peters, MPH, FACHE

Associate Director of Patient Care Services



Valerie Rodrigues-Yu,
MSN, RN
Chief Experience Officer



Trisha M. Lodde

QUALITY SCORE CARD AND SAFETY

VISN 17 San Antonio Opportunity Matrix by Quarter

Metrics	Domain	SI	FY2020Q1	FY2020Q2	FY2020Q3	FY2020Q4
PC Routine Care Appt	Access To Care	N	3	3	4	4
PC Urgent Care Appt	Access To Care	N	4	4	5	4
PCMH Same Day Appt	Access To Care	N	5	5	5	5
PCMH Survey Access	Access To Care	N	4	4	4	4
SC Routine Care Appt	Access To Care	N	4	4	5	4
SC Survey Access	Access To Care	N	4	3	3	3
SC Urgent Care Appt	Access To Care	N	4	4	4	4
Call Abandonment Rate	Access To Care	Y	5	5	5	4
Call Answer Speed	Access To Care	Y	3	3	3	4
MH Wait Time (Create Date)	Access To Care	Y	4	4	4	5
PC Wait Time (Create Date)	Access To Care	Y	1	2	2	3
SC Wait Time (Create Date)	Access To Care	Y	2	2	2	3
CMS RSMR for AMI	Acute Care Mortality	N	1	1	1	1
CMS RSMR for COPD	Acute Care Mortality	N	3	3	3	3
CMS RSMR for HF	Acute Care Mortality	N	3	3	3	3
CMS RSMR for Pn	Acute Care Mortality	N	5	5	5	5
Mortality - SMR	Acute Care Mortality	N				4
Mortality - SMR30	Acute Care Mortality	N	5	5	4	3
HC Assoc Infections	Avoidable Adverse Events	N	1			4
PSI90	Avoidable Adverse Events	N	2	1	1	2
Hosp-Wide Readmission (HWR)	Care Transition	N	1	1	1	2
RSRR-Cardiorespiratory (HWR)	Care Transition	N	1	2	1	2
RSRR-Cardiovascular (HWR)	Care Transition	N	2	2	3	2
RSRR-Med (HWR)	Care Transition	N	2	2	2	2
RSRR-Neuro (HWR)	Care Transition	N	2	3	3	3
RSRR-Surg (HWR)	Care Transition	N	1	2	2	4
OPES ACSC Hospitalization	Care Transition	Y	2	2	2	
RSRR-AMI (IPEC)	Care Transition	Y	3	2	2	3
RSRR-CHF (IPEC)	Care Transition	Y	2	2	2	2
RSRR-COPD (IPEC)	Care Transition	Y	2	2	2	2
RSRR-Pneumonia (IPEC)	Care Transition	Y	2	2	3	2
RSRR-Stroke (IPEC)	Care Transition	Y	3	3	2	2
Capacity - Adv Practice Provider	Efficiency and Capacity	Y	4	3	4	4
Capacity - Physician	Efficiency and Capacity	Y	2	2	1	1
Efficiency (1/SFA)	Efficiency and Capacity	Y	2	2	2	2
AES Data Sharing	Employee Satisfaction	N	1	1	1	1

AES Data Use	Employee Satisfaction	N	1	1	1	1
AES Data Use Engagement	Employee Satisfaction	N	1	1	1	1
AES Use Expectations	Employee Satisfaction	N	1	1	1	1
Best Places to Work	Employee Satisfaction	Y	2	2	2	2
Employee Satisfaction	Employee Satisfaction	Y	1	1	1	1
Adjusted LOS	Length of Stay and Throughput	N	1	1	2	1
ED Admit Decision to Departure	Length of Stay and Throughput	N	4	4	4	4
ED Arrival-ED Departure	Length of Stay and Throughput	N	4	4	4	4
ED Left W/O Being Seen	Length of Stay and Throughput	N	5	4	4	5
UM Admit Reviews	Length of Stay and Throughput	Y	5	5	5	5
UM Cont Stay Reviews	Length of Stay and Throughput	Y	5	5	5	5
MH Continuity Care	Mental Health	N	3	3	3	3
MH Experience of Care	Mental Health	N	4	4	5	4
MH Population Coverage	Mental Health	N	3	4	4	4
HCAHPS Care Transition	Patient Experience	N	1	2	2	2
Hospital Rating (HCAHPS)	Patient Experience	N	2	3	3	3
PC Provider Rating	Patient Experience	N	4	4	4	4
PCMH Care Coordination	Patient Experience	N	4	4	4	4
PCMH Comprehensiveness	Patient Experience	N	3	2	2	1
PCMH Stress Discussed	Patient Experience	N	3	3	2	2
SC Care Coordination	Patient Experience	N	1	2	1	1
SC Provider Rating	Patient Experience	N	4	4	3	3
HED90_1	Performance Measures	N	1	1	1	1
HED90_ec	Performance Measures	N	1	1	1	1
ORYX - GM90_1	Performance Measures	N	2	1	1	1

Marker color: Blue - 1st quintile; Green - 2nd; Yellow - 3rd; Orange - 4th; Red - 5th quintile.

SI: Supporting Indicator (N = No, Y = Yes)

RESEARCH SERVICE

Highlights of STVHCS Research Program 2020

- Areas of Strength include:
 - Aging
 - Diabetes
 - Post-Traumatic Stress Disorder (PTSD)
 - Post-Deployment Issues: Traumatic Brain Injury, Polytrauma, pain, spinal cord injury
 - Oncology
- 1 of 3 NIH Sponsored Clinical Research Centers in VA
- Geriatric Research, Education & Clinical Center (GRECC)
- Coordinating Center for VA/DoD Consortium to alleviate PTSD (CAP)
- NAVIGATE (NCI and VA Interagency Group to Accelerate Trials Enrollment)- 1 of 12 VA sites for oncology trials
- Elizabeth Dole Center of Excellence-First National Center of Excellence for Improving Veteran and Caregiver Services
- Spinal Cord Injury (SCI) center - 1 of 15 VA sites studying the impact of exoskeletons on quality of life. The center is also investigating the underlying neurovascular pathology causing thermal dysregulation and autonomic dysreflexia in Veterans with SCI.
- \$10.4 M/year VA-administered funding and \$17.3 M/year allocated to facility as Veterans Equitable Resource Allocation (VERA) based on two years prior VA research expenditures.
- Foundation for Advancement of Veterans Health Research (FAVHR) with \$3.2 million/year industry and federal funding.
- 99 Active Investigators, 57 MDs; 30 PhDs; 2 PharmDs
- 249 Active Projects

Research Initiatives in Polytrauma and Pain Research

- The San Antonio Polytrauma Research Program is investigating the impact of deployment-related conditions including traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and pain using longitudinal observational/epidemiology designs to clinical treatment trials.
- STVHCS is a site for the national VA/DoD Long-term Impact of Military Relevant Brain Injury Consortium (CENC/LIMBIC) that focuses on the long-term effects of mild traumatic brain injury.
- The San Antonio Polytrauma Rehabilitation Center is one of five VA Polytrauma nodes of the TBI Model Systems which is comprised of the top academic/clinical TBI centers in the U.S. to examine long-term outcomes and provide clinical guidance for individuals with different severity of brain injuries.
- STVHCS is home to several ongoing and developing studies examining cognitive impairment in the population of Afghanistan, Iraq, and Gulf War Veterans and develop cognitive rehabilitation treatment strategies.
- The Polytrauma Rehabilitation Center is also investigating clinical treatment for chronic spinal pain and chronic headaches using rehabilitation and non-pharmacologic treatment approaches in partnership with investigators at University of Texas Health San Antonio (UTHSA) STRONG STAR Consortium and the Consortium to Alleviate PTSD (CAP).
- STVHCS has collaborative partnerships with Brooke Army Medical Center to develop treatment studies for pain with DoD and NIH funding.

Research initiatives in PTSD with the Consortium to Alleviate PTSD:

- Over the past 10 years, STVHCS has been an active partner with STRONG STAR Consortium and CAP headquartered at UT Health San Antonio.
- This world-class team of more than 150 collaborating investigators from over 30 VA, military, and civilian institutions is the world's largest research group focused on developing and evaluating the most effective assessment and treatment approaches for combat-related PTSD and related conditions.
- STRONG STAR and CAP have conducted over 40 research projects and have been awarded over \$130 million in DoD, VA, NIH, and private research funding.

COVID-19 Research initiatives at STVHCS:

STVHCS has several COVID-related studies that are currently in progress. These include several VA-funded studies:

- randomized controlled trial testing the effect of convalescent plasma in hospitalized patients with COVID-19;
- project describing the epidemiology, clinical characteristics, and development of immunity among Veteran with COVID-19 in inpatient, outpatient, and community living center settings.
- study of predictive immune and airway monitoring in hospitalized COVID-19 patients and health care workers;
- study to describe caregiver experiences during the COVID-19 pandemic and identify threats to long-term caregiver resiliency.

Additional studies are in progress or planned that focus on the clinical course or outcomes of COVID-19 in patients with pneumonia, cancer, and C. difficile, as well as in patients recovering from surgery.

Telehealth

Raw Numbers of VA Video Connect Encounters:

- As a Facility- **5th in the Nation**
- Mental Health- **4th in the Nation**
 - Our Mental Health is committed to enhancing access to care via virtual means:
 - Mental Health is doing more virtual care than many VAs with larger numbers of patients enrolled
 - **50%** of Mental Health's encounters are **VA Video Connect - #1 Nationally** for the PERCENTAGE of all care carried out virtually!
- Primary Care- **8th in the Nation** and **#16 Nationally** for the PERCENTAGE of all care carried out virtually
- Specialty Care (Surgery, Medicine, and all others)- **9th in the Nation**

Percentage of Enrolled Veterans engaged in Virtual Care: As of March 2021, we engaged 33% of ALL unique enrollee's via virtual care means.

- At the mid-year point, STX EXCEEDED the percentage they did over the entirety of the last FY (ended last FY with 31% Unique Veterans engaged, now at 33%)
 - We are 5th in the Nation for total number of UNIQUE Veterans engaged via VA Video Connect
 - We are 9th in the Nation by percentage of Unique Veterans engaged

The San Antonio VA Medical Center continues to pursue every avenue to allow its Veterans access to medical care. Video appointments through VA Video Connect are among the most modern treatment modalities our health care system offers. VA Video Connect allows a VA provider to connect virtually with a Veteran to carry out a medical appointment while that Veteran remains in the safety and comfort of their home, or even while the Veteran is in a private area at their workplace. Veterans have praised the system for keeping them safe during the COVID-19 pandemic and allowing them to carry out a routine medical appointment without having to be absent from their workplace.

CONTINUED EXCELLENCE

Pathway to Excellence Program



STVHCS is one of 5 VA hospitals in the nation is identified by the American Nurses Credentialing Center. The program recognizes health care environments that promote positive practices that allows nurses to excel. In order to achieve such a distinction, nurses internal to the organization must verify that certain criteria, such as shared decision making, supportive leadership, and opportunities for professional development.

Purple Heart Hospital



In 2020, the Audie L. Murphy memorial hospital was designated as the first Purple Heart hospital and the third healthcare system in the United States. The distinction comes after being nominated by Purple Heart recipients for the excellence in care they received at South Texas, making them feel truly cared for and willing to come back to South Texas for care again.

Philanthropic Activity

South Texas was positively impacted by the number of individuals who donated their time and money, even during the COVID-19 pandemic. In FY20, South Texas had a total of 594 individuals volunteer their time, totaling 92,551 hours. Additionally, South Texas received numerous donations, totaling an amount of \$1,743,651 over the course of the fiscal year. Volunteers were comprised of both individuals and representatives from local businesses.



ACCREDITATION

- The Psychosocial Rehabilitation and Recovery Center (PRRC) and Domiciliary Care for Homeless Veterans/ Domiciliary Substance Abuse (DCHV/DOM-SA) had their concurrent triennial CARF surveys on June 3, 2019 to 4, 2019. The Homeless Care for Homeless Veterans (HCHV/HUD-VASH) and Compensated Work Therapy program (CWT) had their concurrent triennial CARF surveys on July 15 to 22 17, 2016 19. All programs were awarded a Three-Year Accreditation. These programs were resurveyed on and obtained a Three-Year Accreditation through July 2022.
- Intensive Mental Health Recover (ICMHR) had their initial CARF survey June 18, 2018 and obtained a Three-Year Accreditation through July 2021. The Annual Quality Conformance Reviews (ACQR) for Intensive Mental Health Recovery (ICMHR) was submitted and accepted by CARF in June 2020. Their Concurrent triennial resurvey timeframe is May/June 2021

- Annual Quality Conformance Reviews (ACQR) for Spinal Cord Injury Center (SCIC) was submitted and accepted by CARF in August 2020. SCIC was scheduled for their concurrent triennial survey in August 2020. Due to Pandemic program is scheduled for Continued Accreditation During Pandemic (CAP) Bridge Survey January 26, 2020
- Annual Quality Conformance Reviews (ACQR) for Polytrauma Center was submitted and accepted by CARF in November 2019. Polytrauma Center was scheduled for their concurrent triennial survey in November 2020, survey timeframe changed to March/April 2021 due to Pandemic.

PERFORMANCE MEASURE HIGHLIGHTS:

STVHCS continues to meet or exceed the following performance measure set composites in the following areas:

- Dmg90ec
- IHD90ec (Ischemic Heart)
- Heart Failure (Outpatient)
- Mental Health
- Prevention
- Tobacco

Additionally, STVHCS ended FY 20 with the following access wait times:

STVHCS FY20	New Pt Wait	Est Pt Wait
All Others	12.5 Days	3.2 Days
Mental Health	10.6 Days	3.7 Days
Primary Care	18.6 Days	4.6 Days
Specialty Care	22.3 Days	7.8 Days

Due to the changes brought on by COVID opportunities exist in BH composite as of the last two quarters in FY20,

There are opportunities for improvements to HBPC performance measure. Templates and training have occurred to address fallouts. HEDIS performance measure set r/t Diabetes management & elevated BP in Spinal Cord Injury population also has opportunities for improvement. The ORYX performance measure set has opportunities for improvement in the following: Tobacco/Substance Use Treatment.

Modernization

The South Texas Veterans Health Care System continues to expand and improve our internal amenities, such as our new welcome center in the Audie Murphy Memorial Veterans Hospital. Eligible Veterans will now be able to enroll in a new state-of-the-art welcome area that greets them as soon as they walk in the hospital.



In addition, STVHCS has expanded our outreach in the community by adding new outpatient clinics throughout the San Antonio metro area. With the addition of the North Bexar VA Outpatient Clinic, along with the expansion of the Balcones Heights VA Outpatient Clinic, has helped us continue to reach new populations of Veterans, along

with helping to ensure that the Veterans of South Texas receive the highest level of care possible.

STVHCS is also proud to announce the nearing completion of the San Antonio North West Health Care System. This clinic will open in 2021 and will also continue to grow the reach of the STVHCS.

High Reliability Organization (HRO)

A High Reliability Organization (HRO) is an organization that experiences fewer than anticipated accidents or events of harm despite operating in highly complex, high-risk environments, where even small errors can lead to tragic results. The concept of an HRO was pioneered in industries like

aviation and nuclear power that were able to reduce accidents in their complex environments. HROs avoid harm to customers and staff by becoming proficient in the three pillars of High Reliability (Leadership Commitment, Safety Culture, and Continuous Process Improvement) while ensuring their employees adhere to the high reliability principles and values put in place.

As one of 18 pilot sites in the Nation, South Texas focuses on the three pillars of an HRO:

Leadership Commitment: Safety and reliability is reflected in leadership's vision, decisions and actions

Culture of Safety: Throughout our organization, safety values and practices are used to prevent harm and learn from mistakes.

Continuous Process Improvement: Across the organization, teams use effective tools for continuous learning and improvement.

HRO Snapshot

HRO Snapshot

671 SAN ANTONIO, TX HCS (V17)

Building
Capacity

HRO 101 Trained

4,012

HRO 201 Trained

575

← TMS through FY20Q4 →

Becoming an HRO

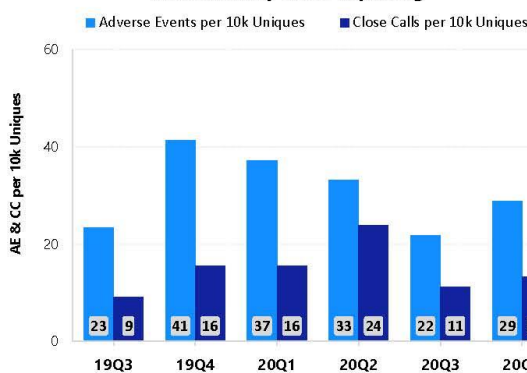
Employee Engagement Index (Scale 0-100)



Workgroup Psychological Safety (Scale 0-5)



Patient Safety Event Reporting[†]

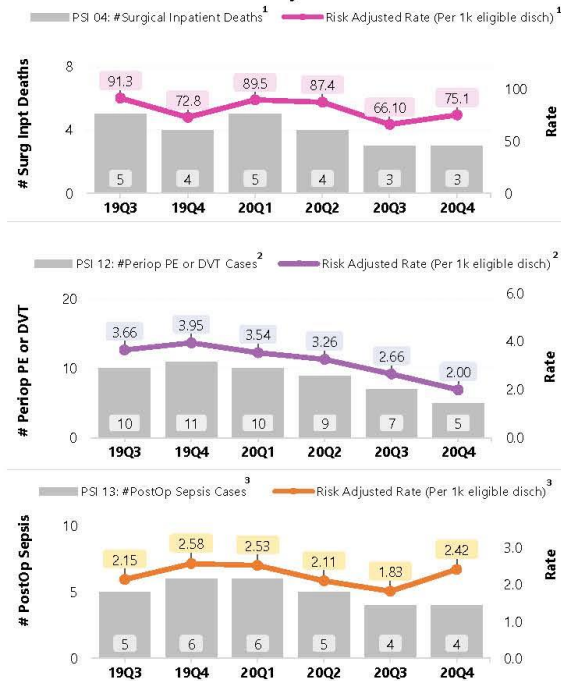


Patient Safety Culture (Scale 0-5)

Dimension (High to Low Scoring)	FY19	FY20	VISN
Perceptions of Patient Safety at Your Facility	4.28	4.30	4.23
Overall Perceptions of Patient Safety	4.27	4.30	4.25
Job Satisfaction	4.20	4.24	4.19
Education/Training/Resources	4.21	4.18	4.16
Non-punitive Response to Error	4.02	4.04	4.02
Communication & Openness	3.98	4.02	3.98
Teamwork Within Hospital Units	3.86	3.94	3.90
Senior Mgmt Awareness/Actions in Promoting Safety	3.86	3.89	3.82
Feedback & Communication About Error	3.82	3.88	3.83
Organizational Learning - Continuous Improvement	3.74	3.80	3.74
Patient Safety in Comparison to Other Facilities	3.78	3.79	3.72
Teamwork Across Hospital Units	3.64	3.71	3.67
Frequency of Event Reporting	3.69	3.71	3.65
Shame	3.43	3.46	3.44

Achieving Results

Patient Safety Indicators[†]



Falls with Any Injury[†]



C.diff Infections[†]



Annual Workplace Evaluation (0-16)



1 PSI 04 - Limited to surgical discharges, patients ages 18-89 or obstetric patients, with serious treatable complications. Excludes hospice at admission.

2 PSI 12 - Limited to surgical discharges, patients ages 18+. Excludes discharges with principal or present-on-admission PE, proximal DVT, acute brain or spinal injury, and OB.

3 PSI 13 - Limited to elective surgical discharges. Excludes cases with a principal or present-on-admission diagnosis of sepsis or infection and obstetric discharges.

* FY20Q4 Injury Falls & C. diff aggregates and rates exclude FY20Q2 & FY20Q3 data reflective of reporting exemptions during the beginning of the SARS-Cov2 pandemic.

† Items identified with this symbol and information therein are covered under 38 U.S.C. 5705 as confidential quality assurance material; its disclosure is strictly limited and is authorized only pursuant to legal authority within Section 5705 or its implementing regulations, 38 C.F.R. 17.500-511. Unauthorized disclosure is subject to penalty. 38 C.F.R. 17.511.

Conclusion

FY2020 was a dynamic and challenging year for not just our health care system and nation, but for the entire world. The outbreak of the COVID-19 pandemic was a surprise to all, and one that shook the world of health care to its foundations. However, through resilience, ingenuity, and temperament, we have been able to assume the challenges placed upon us and continue to fight for the health of the Veterans we serve. As we look forward into FY2021, we are excited to help in the process of ending the pandemic with the dissemination of vaccines, along with growing the reach and abilities of the South Texas Veterans Health Care System.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
South Texas Veterans Health Care System